Case 09-33573 Doc 1 Filed 09/10/09 Entered 09/10/09 15:07:42 Desc Main Document Page 1 of 8

	1 (Official	Form 1) (1/08)	<u>L</u>		Documer	nt I	Pag	e 1 of 8	3					
;			Un	ited States	Bankruptcy Court									
	Name of De	btor (if individ	pal, enter Las	. Hirst Mid								oluntary !	Petition	
	All Other Na	imes used by th	JO IHO	CIO (	ne mui	ne		Name of	Joint De	ebtor (Spouse)	(Last, First, I	Middle);		
		(include married maiden and a l						Name of Joint Debtor (Spouse) (Last, First, Middle):  All Other Names used by the Joint Debtor in the last 8 years (include married, maiden and trade recommend).						
	Rolando G. Rhodes, Poland Rhodes, Polando Richard G. Phodes, Polando Rhodes, Polando Richard G. Phodes  Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No. Complete EIN  (if more than one, state all):						TO:							
	C23: (O0) ([[p]	its of Soc. Sec. one, state all);	or Indvidual-	Taxpayer I.	D. (ITIN) No. Com	plete EIN		Last four	divite of	San Car				
	ŧ	s of Debtor (No	1.1	. 7 7				(if more t	han one,	state all):	idvidual-Tax	payer I.D.	. (ITIN) No /Com	plete EIN
]		1 20000 (140	o, and Street,	City, and St	ate);		<del></del>	Street Add	iress of .	Joint Debtor (1	o and Street	Cir		
	1041	22.1	f) el		-1. Lool	. / .					or and once	, City, and	d State);	·
	County of Res	dance or of the	Principal Pla	WOOK		7-1	7							- 1
ł								County of	Residenc	e or of the Pri	ncipal Place	of Busines	ZIP CODE	
- 1	Mailing Addre	as or Denity (II	different from	n street add	ress):			Mailing Ad	dress of	Joint Debtor (	f diff-	A Dusines		$\neg$
- 1										(	n anicient IV	om street .	address):	
ŀ	Location of Prin	Cinal Assets of	E Daniel - To		ZIP CODE									-
-				btor (if diffi	ZIP CODE erent from street add	dress abov	ve);						ZIP CODE	$\supset 1$
i	(	Type of Del Form of Organ	ization)		Natu	re of Bus	iness		<del></del>				ZIP CODE	
	<b>.</b>	(Check one b	юх.)	i	(Check one box.)				1,	Chapter the P	of Bankrupt etition is File	CV Code	TT. 1 V	
18	Individual See Exhibit	(includes Joint D on page 2 o	Debtors)		Health Care Single Asse	Business	ote os	d	Ĭ₫/	Chapter 7			Petition for	- 1
	Corporation Partnership	g (includes i i <i>t</i>	CandLLP)	- 1		101(51B)	1	denneg in		Chapter 9 Chapter 11	K	ccognitio	n of a Foreign	- 1
	Other (If de	btor is not one	of the above of	entities.	Railroad Stockbroker Commodity Clearing Ban	р				Chapter 12 Chapter 13	LJ C	lain Proce hapter 15	Petition for	
	eneck tins D	ox and state ty	pe of entity be	low.)	Clearing Ban	ik				, , , , , , , , , , , , , , , , , , ,	N.	ecognition onmain Pi	of a Foreign	- 1
_								j			Nature o	( Debts		
		- 1			Tax-Ex (Check box	tempt En	tity cable.)		$\int_{\Sigma}$	1.	(Check or	ie box.)		1
				[	Debtor is a tax	(-ëXemat d	Orazoni	~	uct	bts are primari ots, defined in	111186	☐ De	bts are primarity	- 1
					under Title 26 Code (the Inter	of the Li-	O betic	*	3 1	01(8) as "incui ividual primari	red by an	v <b>u</b> ;	siness debts.	- 1
	<del></del>	Filin	g Fee (Check	one hox )		Dai Kever	ане Со	xde).	pers	sonal, family, of	r house-			- 1
	Full Filing Fe			uok,			Che	ck one box:		Chapte	r 11 Debtors			
	Filing Fee to b	e naid in insent	Imanto (a)					Debtor is a	i small b	usiness debtor	as defined in	111130	\$ 101/615	- 1
	signed applica	tion for the cou	irt's considera	cable to indition certify	ividuals only). Mus	t attach		Debtor is n	ot a sma	II business det	tor as define	tia ttu	. ў тот(31 <u>D).</u> S.C. ў 101(51 <u>D)</u> ,	- 1
		•	······································	are 1000(b)	<ul> <li>See Official Form</li> </ul>	A. I	Chec	ak if;						J
-	attach signed a	ver requested (a pplication for t	applicable to c he court's con	hapter 7 inc	dividuals only). Mu See Official Form 3	st	Ц	Debtor's ag	gregate offiliates	noncontingent ) are less than	liquidated de	bts (exclu	ding debts owed	,,
1					See Official Form 3			k all applica			\$2,190,000			<u> </u>
						i	ш.	Ablanisk-	ing filed	resident of	on.			- 1
Statis	tical/Administr	ative Informa	tion					of creditors,	in accor	lan were solici dance with 11	ted prepetitio	n from on	e or more classes	-
日	Debtor esti	mates that fund	ls will be avail	lable for die	tribution to unsecur								IIS SPACE IS FOR	
	distribution	mates that, after to unsecured c	r any exempt ; reditors	property is	excluded and admin	ed credito Istrative e	rs. Xpens	es paid, ther	e will by		益	CC	DURT USE ONLY	1
Estima	ited Number of (	reditors	4					F 1	c min oc	no runds avai	lable for S		S E	1
1-49	50-99	100-199	200-999	1,000-	□ 5,001-						D 코		HS C	1
Estimar	ed Assets			5,000	000,01	10,00 25,000	-	25,001- 50,000		50,001- 100,000	THE CO.	8	ATES	1
S0 to		\$100,001 to			<u></u>		·			170,000	**************************************		STR	1
\$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	0,000,12	- , - , 0 3 13 10 1	□ \$50,60	0 001	□ \$100,000	1001			0 2		1
Estunate	d Liabilities	.,	million	to \$10 million	to \$50 million	to \$100 million	)	to \$500		\$500,000,001 to \$1 billion		2009	유동	
[] \$0 to		\$100,001 to				monon		nullion			<u> Ž</u>	<b>」</b>	NITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS	
50,000 50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	\$1,000,00		□ \$50,000	0,000	□ \$100,000,	001	<u> </u>	m		SS SUR	
			million	to \$10 million	to \$50 million	to \$100	100	to \$5(x)		500,000,601 \$1 billion	More man \$1 billion	1	-	
			<b></b>			million		million			2011011	i	i	

Case 09-33573 Doc 1 Filed 09/10/09 Entered 09/10/09 15:07:42 Desc Main Document Page 2 of 8 B I (Official Form 1) (1/08) Page 2 Name of Debtor(s): Voluntary Petition (This page must be completed and filed in every case.) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) Case Number: Date Filed: Where Filed: Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.) Name of Debtor: Case Number: Date Filed: District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is an individual (To be completed if debtor is required to file periodic reports (e.g., forms 10K and whose debts are primarily consumer debts.) 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11. 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

## Case 09-33573 Doc 1 Filed 09/10/09 Entered 09/10/09 15:07:42 Desc Main Document Page 3 of 8

Voluntary Petition (This page must be completed and filed in every case.)	Name of Debtor(s): . Page 3
p creat and filed in every case.)	Moleodo C Quida
Signature (a) - ( D. )	Name of Debtor(s): Page 3 Signatures
Signature(s) of Debtor(s) (Individual/Joint)	
I declare under penalty of perjury that the information provided in this pet and correct.	Signature of a Foreign Representative
and correct.	etition is true  I declare under penalty of perjury that the information provided in this petition is and correct, that I am the foreign representative of a deba
If petitioner is an individual whose debts are primarily consumer debthosen to file under chapter 7) I am aware that I may recome the second of the consumer debthose to file under chapter 7) I am aware that I may recome	and correct, that I am the foreign representation provided in this petition is
chosen to file under chapter 7] I am aware that I may proceed under chapter or 13 of title 11, United States Code, understand the artists.	outs and has a and that arm authorized to the about the or a depoter in a foreign provinced
or 13 of title 11, United States Code, understand the relief available under chapter, and choose to proceed under chapter.	oter 7, 11, 12 (Charles )
chapter, and choose to proceed under chapter 7.	er each such (Check only one box.)
	T troupest relief in
have obtained and read the notice required by 11 U.S.C. § 342(b).	e petition] I request relief in accordance with chapter 15 of title 11, United States Code.
Permant - H. C.	The article of the control of the co
request relief in accordance with the chapter of title 11, United Sta	L.I. Pursuant to 11 U.S.C. v. 1614
perment in this pention.	
Allandollaring - All	order granting recognition of the foreign main proceeding is attached.
Signature of Debtor	X
,	
<del></del>	(Signature of Foreign Representative)
Signature of Joint Debtor	
Telephone No. 1 (36-261-4241	(Printed Name of Foreign Representative)
receptions Number (if not represented by one	
Date Of 11/09	
91	Date
Signature of Attorney*	Standard Standard
	Signature of Non-Attorney Bankruptcy Petition Preparer
Signature of Attorney for Debtor(s)	- I I declare under negative c
<b></b>	defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have
Printed Name of Attorney for Debtor(s)	I provided the debtor with
Firm Name	required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \$10(b).
	ICC IOF Services charges to to 1
Address	- Houce of the maximum arrays to a second property, I have given the debter
<del></del>	notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is
	attached. Official Form 19 is
Telephone Number	
<del></del>	Printed Name and title 10
Date	Printed Name and title, if any, of Bankruptcy Petition Preparer
considerable to a manage	Social-Security number (If the 1
case in which § 707(b)(4)(D) applies, this signature also constitutes a	state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by the bankruptcy petition preparer.)
ication that the attorney has no knowledge after an inquiry that the informates schedules is incorrect.	partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
	Properties (Required by 11 U.S.C. § 110.)
Signature of Debtor (Corporation/Partnership)	Address
(Corporation/Partnership)	* · · · · · · · · · · · · · · · · · · ·
are under penalty of perjury that the information provided in this petition is	•
perior perior perior that the information provided in this petition is perior, and that I have been authorized to file this petition on behalf of	strue X
per pendon on benair or	of the
btor requests the ratios in	
btor requests the relief in accordance with the chapter of title 11, United Sta specified in this petition.	Date
petition,	
	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.
gnature of Authorized Individual	partner whose Social-Security number is provided above.
nted Name of Authorized Individual	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the hankpureer and appropriate the property and the proper
<del></del>	in preparing this document unless the bankruptcy petition preparer is not an
e of Authorized Individual	(10t all
le of Authorized Individual	
<del></del>	If more than one person prepared it
<del></del>	If more than one person prepared this document, attach additional sheets conforming
<del></del>	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
te	A bankrapter neutron organizació (1)
<del></del>	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A hankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12 08)

## UNITED STATES BANKRUPTCY COURT

In re Rolando G. Rhodes Debtor	Case No. (if known)

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

I. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.

2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B 1D (Official Form 1, Exh. D) (12:08) - Cont.

Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. |Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- 1 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
  - ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
  - Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
    - Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Alando De maria Phorles

Date: 9/11/09

(Vilicial Porm of) (12/0/)	, -t
li inala	( Williams
In re holando	Lo MUNCO.
Debtor	<u> </u>

Case No.	(if known)
	(II known)

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

RELATIONSHIP(S): Childely  Employment:  Occupation  Name of Employer  How long employed  Address of Employer   SD & Anton DK    Loneoville II   INCOME: (Estimate of average or projected monthly income at time case filed)  I. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  Estimate monthly overtime  3. SUBTOTAL  LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues  d. Other (Specify): LANDSupport  AGE(S):  8   10		
Employment:  Occupation  Name of Employer  How long employed  Address of Employer 150 & Anton Da.  Loneoville II.  INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  \$ 1200.00 \$  \$	AGE(S): IC/ I/ A	
Name of Employer Employment Lus  Address of Employer 150 & Anton Sc.  Comeoville II  INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues  5. S.	1/2	
Address of Employer 150 & ANTON DE Romeoville II.  INCOME: (Estimate of average or projected monthly income at time case filed)  I. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance c. Union dues  5. S.		
Address of Employer 150 & Anton Dr.  Romeo ville II  INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues  5. S.		
INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security b. Insurance c. Union dues  5. SPOUSE  \$ 1200.00  \$ \$		
INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security b. Insurance c. Union dues  5. SPOUSE  \$ 1200.00  \$ \$		
INCOME: (Estimate of average or projected monthly income at time case filed)  1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security b. Insurance c. Union dues		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) 2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues  5. S.		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly) 2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues  5. S.		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues		
2. Estimate monthly overtime  3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues		
3. SUBTOTAL  4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues		
4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues		
4. LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues	}	
a. Payroll taxes and social security  b. Insurance  c. Union dues		
b. Insurance 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
c. Union dues		
d. Other (specify). CFDATE STUPPTT		
5. SUBTOTAL OF PAYROLL DEDUCTIONS		
\$ <u>.348.73</u> \$		
6. TOTAL NET MONTHLY TAKE HOME PAY \$\(\frac{8}{6}\ldot(0.00)\) \$\(\frac{8}{6}\ldot(0.0		
7. Regular income from operation of business or profession or farm (Attach detailed statement)		
8. Income from real property		
O. Internet and Reichard		
10. Alimony, maintenance or support payments payable to the debtor for		
the debtor's use or that of dependents listed above		
11. Social security or government assistance		
(Specify):		
12. Pension or retirement income		
13. Other monthly income S S		
(Specify):ss		
THE CLUBTOTIAL OF LANGUAGE		
14. SUBTOTAL OF LINES ? THROUGH 13		
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14) S S S S S		
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column 860.07 5 200.00		
totals from line 15) (Report also on Summary of Schedules and, if applicable,		
on Statistical Summary of Certain Liabilities and Related Data)		

<sup>17.</sup> Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Entered 09/10/09 15:07:42 Desc Main Case 09-33573 Doc 1 Filed 09/10/09 Document Page 7 of 8

B6J (Official Form 6J) (12/07)		
In re Kolando Germaine Rholes		
Debtor	Case No(if know)	2)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made by weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule o	fermendinger lubated up
1. Rent or home mortgage payment (include lot rented for mobile home)	
a. Are real estate taxes included? Yes No	s 400.0
b. is property insurance included? Yes No	
2. Utilities: a. Electricity and heating fuel	
b. Water and sewer	S
c. Telephone	\$
d. Other  3. Home maintenance (repairs and unkeep)	\$
The state of the parts and upkeep)	2
4. Food	\$
5. Clothing	\$ 15,0,0
6. Laundry and dry cleaning	\$
7. Medical and dental expenses	5 <u>3/5.00</u>
8. Transportation (not including car payments)	\$ <u>240.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	s 580.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	\$
a. Homeowner's or renter's	
b. Life	\$
c. Health	\$
d. Auto	5
c. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	S
a. Auto	
b. Other	\$
c. One	\$
CASTALLORY, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	S
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	s. 384.48
17. Other	\$
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	5 (1) 23 <b>4</b> X
19 Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document;	3-7000.00
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Eine 15 of Schedule 1	Z: 3
5. Average monthly expenses from Line 18 above	5 460.00
c. Monthly net income (a. minus b.)	5 460.60 5 1033.48 5 173.48

Case 99-33573, Doc 1/ Filed 09/10/09 Entered 09/10/09 15:07:42 Desc Main Page 8 of 8

account # 1032/1014

ATT U-VERSE POBOX 5014

Carol Stream IL 60197-5014

amount of Claim

9 (200.00

account # 969 86 86

Circuit Court of Du Page 505 n County Farm Rd Wheaton IL 60187 Genaunt of Claim
9 2073.00